Exhibit 4C

Pended Encounter/Corrective Action Notice

Pended Encounter Notification/
Corrective Action Notice

Field No.	Instructions
	Fields 1 and 11 are to be completed by the contractor
1.	Enter contractor's name.
2.	Enter contractor's contact person.
3.	Enter the date that assistance is being requested.
4.	Enter contractor's identification number assigned by AHCCCSA.
5.	Enter phone number of contractor contact person.
6.	Enter the AHCCCSA Control Reference Number (CRN).
7.	Enter the process date from the AHCCCS report EC9EM187 (Pended Encounter Inventory Aging Detail by Health Plan).
8.	Enter the error code.
9.	Enter the recipient identification number.
10.	Enter the beginning and end dates of service (DOS).
11.	Provide a brief description of the problem. If more space is required, use another sheet of paper and attach it to this form. If multiple pended encounters are for one member/provider and same scenario, use only one form and indicate each CRN that is affected.
	Fields 12 through 17 are to be completed by the Encounter Unit
12.	Provide brief response to problem.
13.	Initials of encounter staff person who is responsible for response.
14.	Enter the date the form was received.
15.	Enter the alphanumeric log number (i.e. P00001).
16.	Enter the date response was completed.
17.	Enter the date returned to contractor.

PENDED ENCOUNTER NOTIFICATION/CORRECTIVE ACTION						
Health Plan: **1.**			Contact Person: **2.**		Request Date: **3.**	
Health Plan ID: **4.**			Phone: **5.**		Shaded Areas for the Office Use Only	

	AHCCCS	Process Date	Error Code	Description of Problems:	AHCCCS	B
1.	**6.**	**7.**	**8.**	**11.**	**12.**	**13.**
	Member ID:	Begin/End DOS:				
	9.	**10.**				
	AHCCCS	Process Date	Error Code	Description of Problems:	AHCCCS	B
2.						
	Member ID:	Begin/End DOS:				
	AHCCCS	Process Date	Error Code	Description of Problems:	AHCCCS	B
3.						
	Member ID:	Begin/End DOS:				
	AHCCCS	Process Date	Error Code	Description of Problems:	AHCCCS	B
4.						
	Member ID:	Begin/End DOS:				
	AHCCCS CRN:	Process Date	Error Code	Description of Problems:	AHCCCS	B
5.						
	Member ID:	Begin/End DOS:				

Date Received: 14.	Log Number : 15.	Date Completed: 16.	Date Returned: 17.